

REQUEST FOR BOARD ACTION / CONTRACT CONTROL FORM

Tracking Number: /.

Date of Request: February 11, 2008

Date Request Received: February 11, 2008

Board Meeting Date Requested: February 18, 2008

Board Meeting Date Assigned: February 18, 2008

Short Title: North Carolina Local Health Department Accreditation Board To Present A Plaque To The Pender County Health Department For Receiving Accreditation/Congratulations And Remarks By Commissioner Jimmy Tate.

Request Status:

- Request is proceeding to Board of Commissioners
- More information is needed – see attached
- Request on hold – no further information needed
- Other:

Background: Recognition to the Pender County Health Department for being one of the first of 34 health departments to be accredited in North Carolina and one of only 7 to receive a perfect 100% score.

(Administrative Use Only)

Accreditation represents what the staff does for the community in preparation for day-to-day activities, but also to be prepared for any type of public health emergency.

CONTRACT TYPE

- Renewal
- For Service(s)
- Intergovernmental – County as Grantee
 - Federal Grantor
 - State Grantor
 - Grant or
- County as Grantor
 - County Funds
 - Other Funds:
- Revision
- For Equipment

The focus of NC's Local Health Department Accreditation is on the capacity of the local health department to perform at a prescribed, basic level of quality the three core functions of assessment, policy development, and assurance and the the ten essential services of public health. It is now required by legislation that all health departments will be accredited.

PURCHASING

- Budgeted Item: Yes No
- Reviewed and Approved
 - Comments on Reverse

Specific Action Requested:

Requested by: Dr. Jack Griffith
Department: Health Department
Title: Health Director
Contact Phone: 910-259-1328
Contact Fax: 910-259-1258

Date Rec'd:

Signed:

ATTORNEY

- Reviewed and Approved
- Legal Problem(s)
- Comments on Reverse

Date Sent:

Signed:

FINANCE

- Sufficient Funds Available Not Available
- Budget Amendment Necessary
 - Budgeted Amendment is Attached
 - Comments on Reverse

Date Rec'd:

Signed:

CLERK

- Signature(s) Required:
- Board Chairman/County Manager
 - Other:

Date Rec'd

- Approved by Board: Yes No
At meeting on